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DELPHI TECH M/C 480-410-202 PO BOX 5052	IN 2 2 2007	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
TROY, MI 48007				TA 4DEWARK	Susan Bisha (Depositor's name)						
			(Signature)								
•	74645 L		1-22-07 (Date)								
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNE	Y DOCKET NO.	CONFIR	MATION NO.	
10/796,227 TITLE OF INVENTION:	Craig A. Osterda ASSEMBLY		DP-305346 <u>-CON</u> 2169 (60408-502)			2169					
01/23/2007 BABRAHA2 00000130 500831 10796227										10796227	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE		PREV. PAID ISSU	FEE T	OTAL FEE(S) DUE	D	ATE DUE	
nonprovisional	NO	\$140	00	\$300		\$0		\$1700		1/22/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS		•					
KRAMER, DEVON C		3683		188-071100							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 7 											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) DELPHI TECHNOLOGIES, INC. TROY, MICHIGAN											
Please check the appropriate assignee category or categories (will not be printed on the patent):											
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).											
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Authorized Signature Such Date 1-22-07											
Typed or printed name SuSan Ofishan Registration No.											
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